

Lessons from the COVID-19 Pandemic

Examining the interrelationships between social isolation and loneliness and their correlates among older British adults before and during the COVID-19 lockdown: evidence from four British longitudinal studies

Dr Rosie Mansfield, Senior Research Fellow

CENTRE FOR LONGITUDINAL STUDIES

30th April 2024





Study background and research questions



Rationale for using multiple data sources available via ESRC-funded data resources



Data sources and access



Design and methods



Analysis strategy including dealing with missing data



Results



Conclusions and translational significance

Overview

CENTRE FOR LONGITUDINAL STUDIES





Medical Research Council Innovation in Aging, 2024, **8**, 1–13 https://doi.org/10.1093/geroni/igad126 Advance access publication 7 November 2023

Original Research Article





Examining the Interrelationships Between Social Isolation and Loneliness and Their Correlates Among Older British Adults Before and During the COVID-19 Lockdown: Evidence From Four British Longitudinal Studies

Rosie Mansfield, PhD,^{1,*,} Giorgio Di Gessa, PhD,^{2,} Kishan Patel, PhD,³ Eoin McElroy, PhD,⁴ Jacques Wels, PhD,^{3,6} Morag Henderson, PhD,¹ Jane Maddock, PhD,^{3,6} Jean Stafford, PhD,³ Andrew Steptoe, PhD,^{6,6} Marcus Richards, PhD,^{3,6} and Praveetha Patalay, PhD^{1,3,6}

¹Centre for Longitudinal Studies, University College London, London, UK.

²Department of Epidemiology and Public Health, University College London, London, UK.

³Medical Research Council Unit for Lifelong Health and Ageing, University College London, London, UK.

⁴School of Psychology, Ulster University, Coleraine, Northern Ireland, UK.

⁵Centre Metices, Université libre de Bruxelles, Brussels, Belgium.

⁶Department of Behavioural Science and Health, University College London, London, UK.

*Address correspondence to: Rosie Mansfield, PhD. E-mail: r.mansfield@ucl.ac.uk

R. Mansfield, G. Di Gessa, K. Patel, E. McElroy, and J. Wels served as joint first authors for this study.

Decision Editor: Steven M. Albert, PhD, MS, FGSA



Social
Isolation can
increase the risk of
loneliness.

But more social contact does
not automatically reduce
loneliness.

The quality of social reduces

SOCIAL ISOLATION

Refers to a **quantitatively diminished** social network (Yang and Victor, 2012).

physically separated and/or excluded



Restricted social network of individuals based on counting The quality of social relations is also important, as well as how people feel about those connections.

THREE TYPES OF LONELINESS

SOCIAL

Absence of social connection, the perception of social isolation and dissatisfaction with the quality of relationships.

Adams et al. 2016

EMOTIONAL

Absence or loss of meaningful relationships that meet a deeply felt need to be recognised and 'belong' to someone or to a group such as at work, or in a family.

Dong et al. 2011

LONELINESS

A subjective experience arising from qualitative and quantitative deficits in a person's social relationships (Canham, 2015)

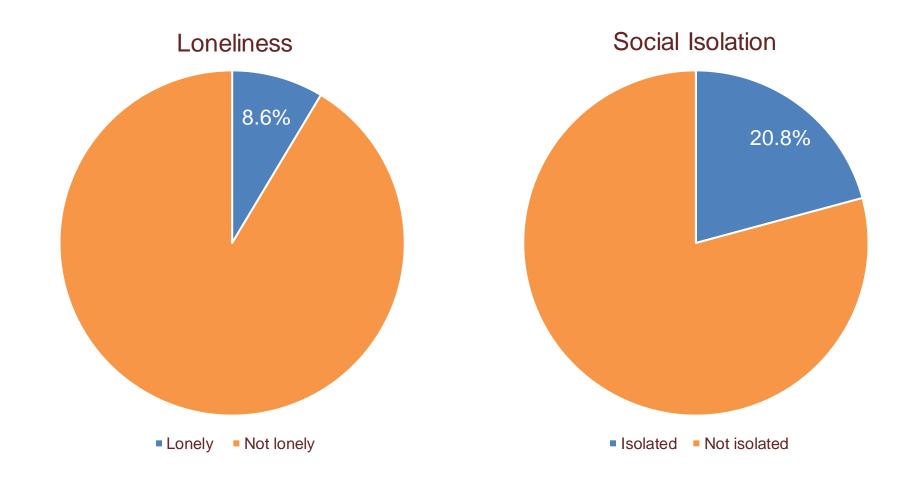
EXISTENTIAL

An aspect of the human condition which expresses the separateness of the person from others.

Moustakas, 1961, Cherry et al. 1993, Hauge et al. 2010

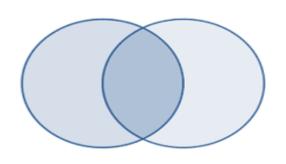


Why focus on social isolation?





Why focus on social isolation?









Coyle, C. E., & Dugan, E. (2012). Social isolation, loneliness and health among older adults. *Journal of Aging and Health, 24*(8), 1346–1363. https://doi.org/10.1177/0898264312460275 Golden, J., Conroy, R. M., Bruce, I., Denihan, A., Greene, E., Kirby, M., & Lawlor, B. A. (2009). Loneliness, social support networks, mood and wellbeing in community-dwelling elderly. International *Journal of Geriatric Psychiatry, 24*(7), 694–700. https://doi.org/10.1002/gps.2181

Steptoe, A., Shankar, A., Demakakos, P., & Wardle, J. (2013). Social isolation, loneliness, and all-cause mortality in older men and women. *Proceedings of the National Academy of Sciences of the United States of America, 110*(15), 5797–5801. https://doi.org/10.1073/pnas.1219686110





Limitations of existing research

- Some studies only focused on loneliness no conceptual contribution on the interrelationship between social isolation and loneliness
- Lack of longitudinal data difficult to infer causality in the absence of pre-pandemic scores
- Limited to the unique experience of lockdown, few studies could tell us much about the stability of demographic, socioeconomic, and health characteristics associated with social isolation and loneliness before and during the pandemic and the strength of these associations
- Some studies compared different cohorts before and after the pandemic
- Did not disentangle age/cohort differences

Research questions

- What were the levels of social isolation and loneliness, and what proportion of the sample was classified into different groups, for example, isolated, and/or lonely prior to and during the COVID-19 restrictions?
- What were the interrelationships between social isolation and loneliness indicators prior to and during the COVID-19 restrictions?

■ To what extent were demographic, socioeconomic factors, and physical and mental health associated with social isolation and loneliness prior to and during the COVID-19 restrictions?



1970 Birth Cohort Study



1958 National Child Development Study



1946 MRC National Survey of Health and Development

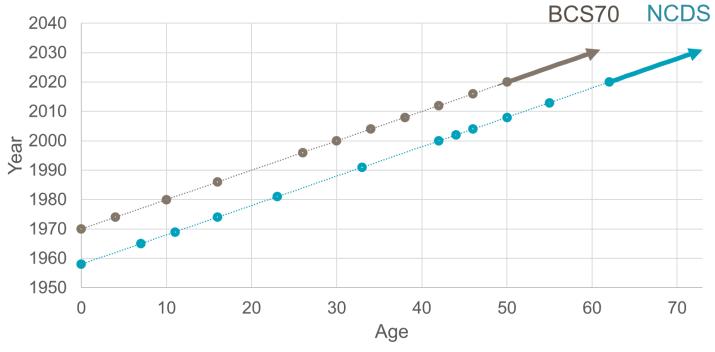


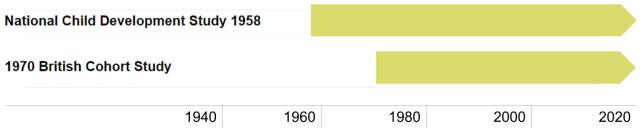
English Longitudinal Study of Ageing

The data

CENTRE FOR LONGITUDINAL STUDIES

CLS cohorts





2020

NSHD and **ELSA**

National Study of Health and Development 1946



National Child Development Study 1958

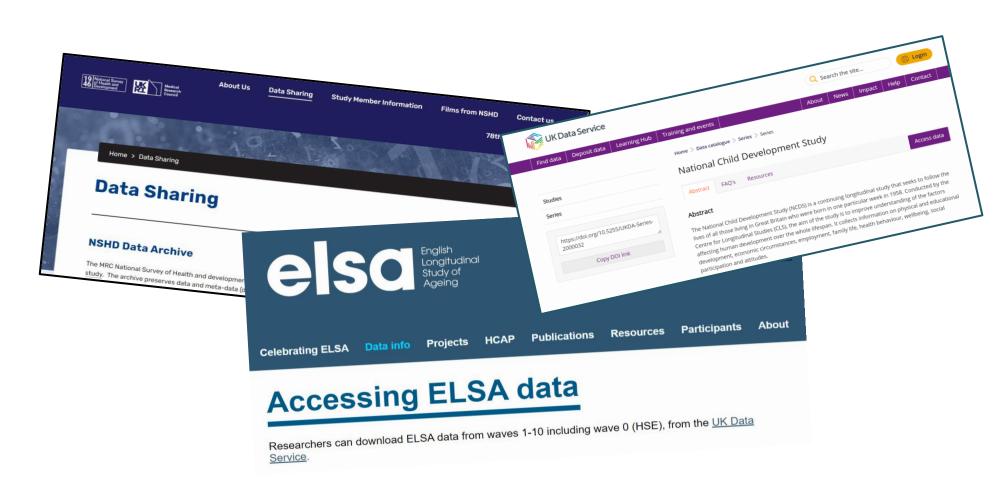
1970 British Cohort Study

1940 1960 1980 2000

English Longitudinal Study of Ageing (ELSA) is a panel study following individuals aged ≥50 years biennially since 2002



Data access



http://discover.ukdataservice.ac.uk/series/?sn=2000032

http://discover.ukdataservice.ac.uk/series/?sn=200001

https://nshd.mrc.ac.uk/data-sharing/

https://beta.ukdataservice.ac.uk/datacatalogue/series/series?id=200011



Multiple clocks – age, cohort, period

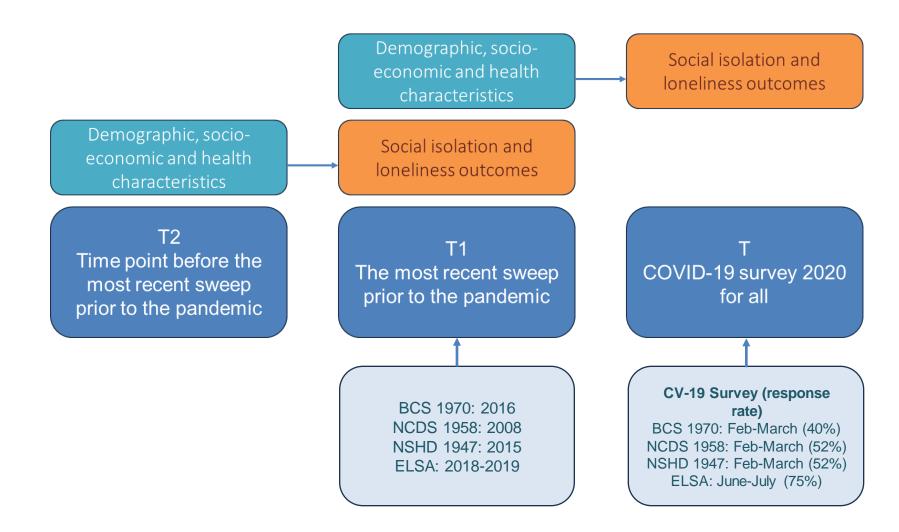
Birth cohort studies		Age heterogeneous study	
Cohort	Age in 2020	Cohort	Age in 2020
BCS 1970	50	ELSA	50–59
NCDS 1958	62		60–69
NSHD 1946	74		70–79
-	-		80+

Age effect – effect of aging independent of time period

Cohort effect – characterised by being born at a particular time, independent from aging

Period effect – change at a particular time e.g., COVID-19, affecting everyone

Timing of data collection



Measurement and harmonisation

Demographic, socio-economic and health characteristics:

- Sex
- Age
- Ethnicity (ELSA only)
- Education level
- Self-reported financial difficulties homeownership
- Occupational social class
- General health
- Limiting long standing illness
- Psychological distress
- Life satisfaction

Social isolation:

- Living alone
- No partner
- No children
- Lack of frequent contact with friends and relatives outside the household
- Being out of education and employment
- Lack of community engagement e.g., attending community groups and volunteering

Overall score generated out of 6, recoded as binary (>3 = isolated)

Loneliness:

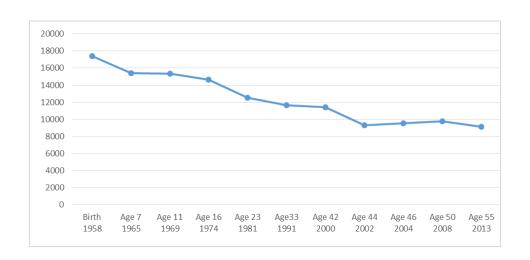
- Across all four cohorts, the UCLA Loneliness scale was included in the COVID-19 survey
- For cohorts that did not include the UCLA Loneliness scale prior to the COVID-19 pandemic, the best-matched item was selected during COVID-19 to generate the loneliness indicator.

To make variables comparable across cohorts, items were recoded as binary to indicate those that were lonely



Design and non-response weights

- Certain groups of individuals are more likely to discontinue participation in longitudinal surveys (e.g., males and those disadvantaged and less healthy)
- Accounting for nonresponse in analyses ensures that data from these participants are given more weight, resulting in a more representative sample.
- Weights were applied to studies to improve representativeness of their target populations,
 that is, the general population of mid to older age adults in Great Britain/England





Analysis strategy

- Calculated the proportion of the cohort experiencing social isolation and loneliness prior to and during the pandemic and the extent of overlap between these experiences
- Examined the associations between individual indicators of social isolation and loneliness prior to and during the first COVID-19 lockdown using tetrachoric correlations and visualised using network analysis
- The extent to which demographic, socio-economic, and health characteristics (added in blocks) were associated with social isolation and loneliness prior to and during the COVID-19 pandemic was examined using two modified Poisson regression models.

Analyses were stratified using age bands that mapped onto the other cohorts during the COVID-19 pandemic for ELSA (50–59, 60–69, 70–79, 80+)

ELSA, Ages 56-59 1970 Cohort (BCS), Age 50 Pre-COVID-19 COVID-19 Pre-COVID-19 COVID-19 Total N=236 Total N=236 . Total N=3,075 · Total N=3,075 Social_Isolation Social_Isolation Social Isolation Social_Isolation Social_Isolation Loneliness **Total Sample**



Pre-COVID-19

ELSA, Ages 60-69

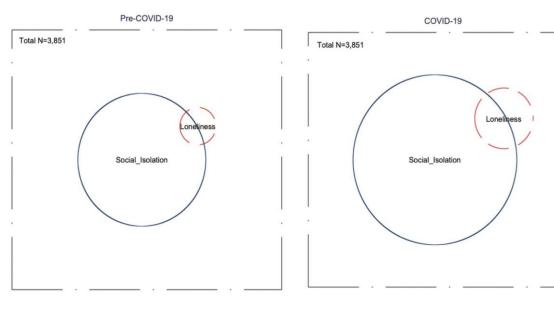
Total N=1,501

Loneliness

Social_Isolation

Social_Isolation

1958 Cohort (NCDS), Age 62

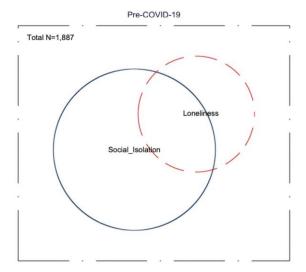


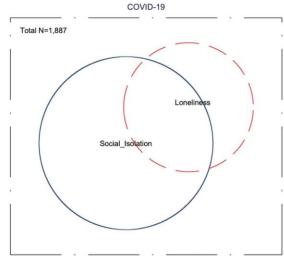


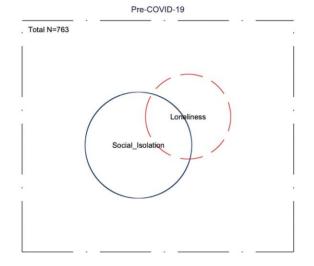
COVID-19

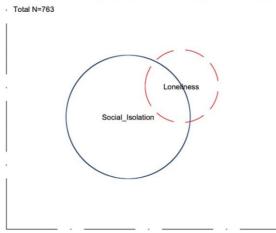
ELSA, Ages 70-79

1946 Cohort (NSHD), Age 74



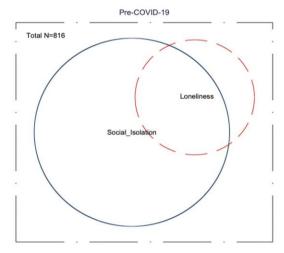


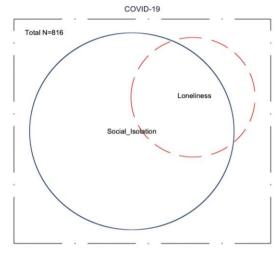




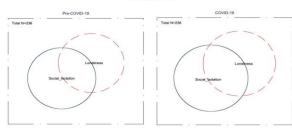
COVID-19



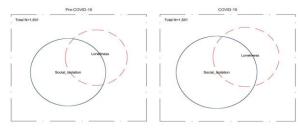




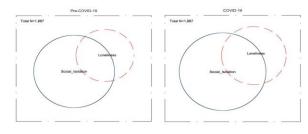
ELSA, Ages 56-59



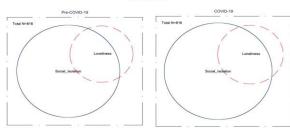
ELSA, Ages 60-69



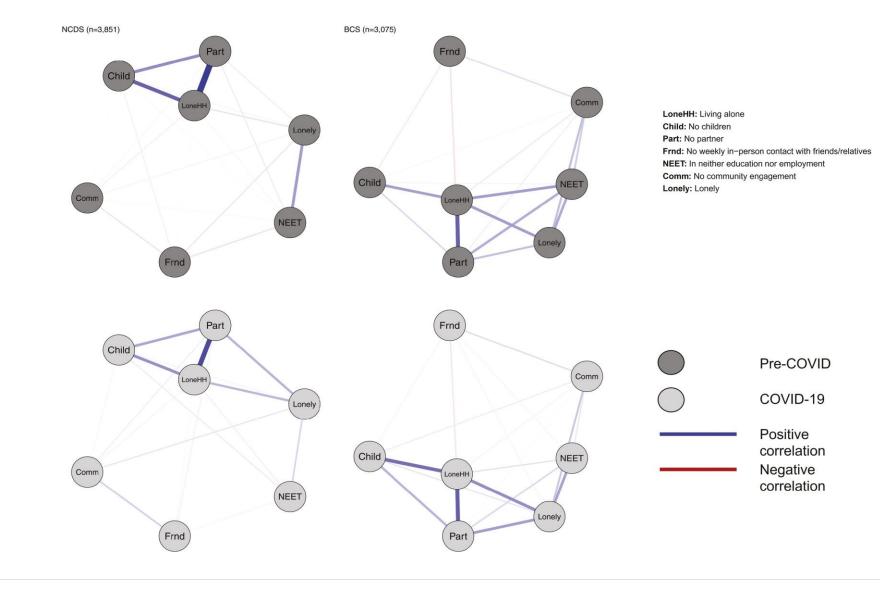
ELSA, Ages 70-79



ELSA, Ages 80+











Conclusions

- Pre-pandemic proportions reporting **social isolation** ranged from 15% to 54%, with **higher rates in older ages** (e.g., 32% of individuals aged 70–79 years and 54% of those more than 80)
- During the pandemic, the percentage of older people reporting both social isolation and loneliness and isolation only slightly increased
- The interrelationship between social isolation and loneliness did not change
- Associations between sociodemographic and health characteristics and social isolation and loneliness also remained consistent, with greater burden among those with higher economic precarity (females, nonhomeowners, unemployed, illness, and greater financial stress)

Implications

- There were already large inequalities in experiences of social isolation and loneliness and the pandemic had a small impact on worsening extent and inequalities
- The concepts of loneliness and social isolation are not interchangeable, and clarity is needed in how they are conceptualized, operationalized, and interpreted
- There should be greater emphasis on reducing social isolation in older adults and inequalities in experiences



Study outputs

- Mansfield, R., Di Gessa, G., Patel, K., McElroy, E., Wels, J., Henderson, M., Maddock, J., Stafford, J., Steptoe, A., Richards, M & Patalay, P. (2023). Examining the inter-relationships between social isolation and loneliness and their correlates among older British adults before and during the COVID-19 lockdown: evidence from four British longitudinal studies. *Innovations in Aging*, igad126. https://doi.org/10.1093/geroni/igad126
- What Works Centre for Wellbeing (2023). Social isolation and loneliness in later life: learnings from the pandemic. Available from https://whatworkswellbeing.org/blog/social-isolation-and-loneliness-in-later-life-learnings-from-the-pandemic/

https://whatworkswellbeing.org/projects/loneliness-across-the-life-course/





Thank you!

Any questions?

CENTRE FOR LONGITUDINAL STUDIES

